

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

FORM C/OH

COVER SHEET PG 1

05 JUL 15 PM 3:47

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: <b>5</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX				
HOWARD PEAK				Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Hand-delivered or Date Postmarked		
	238 MEDFORD Dr. SAN ANTONIO, TEXAS 78209				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		Receipt # Amount		
	(210) 826-5481				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		Date Processed		
	NICKNAME LAST SUFFIX		Date Imaged		
CHARLIE AMATO					
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	9311 SAN PEDRO SAN ANTONIO, TEXAS 78214				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
	(210) 525 1241				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year		Month Day Year		
	1 / 01 / 05		6 / 30 / 05		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
	/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Howard W. Peak

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2987.60

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard Peak, this the 15th day of July, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
05 JUL 15 PM 3:47  
(512) 468-5800 800-325-8506

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

HOWARD W. PECK IV

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/23/05

5 Payee name

UNITED WAY

6 Payee address; City; State; Zip Code

700 S. ALAMO, SAN ANTONIO TEXAS 78205

8 Amount (\$)

1091.80

7 Purpose of expenditure (See instructions regarding type of information required.)

DONATION

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## **SCHEDULE I**

05 JUL 15 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Howard W. Peak IV

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/23/05

5 Payee name

HOWARD W. PEAK

8

Amount  
(\$)

6 Payee address; City; State; Zip Code

238 MEDFORD Dr, SAN ANTONIO Tx 78209

\$ 1091.80

7 Purpose of expenditure (See instructions regarding type of information required.)

REIMBURSEMENT - SEE SCHEDULE G

Date

2/23/05

Payee name

HAYS STREET BRIDGE RESTORATION FUND

Payee address; City; State; Zip Code

1505 EAST HOUSTON ST., SAN ANTONIO TX 78202

Amount  
(\$)

100.00

Purpose of expenditure (See instructions regarding type of information required.)

DONATION

Date

3/16/05

Payee name

U.S. DEPT. OF STATE

Payee address; City; State; Zip Code

HOUSTON, TEXAS

Amount  
(\$)

127.00

Purpose of expenditure (See instructions regarding type of information required.)

PASSPORT / CITY BUSINESS

Date

3/16/05

Payee name

U.S. POST OFFICE

Payee address; City; State; Zip Code

SAN ANTONIO, TEXAS

Amount  
(\$)

27.00

Purpose of expenditure (See instructions regarding type of information required.)

PASSPORT EXPENSE / CITY BUSINESS

Date

4/1/05

Payee name

BLESSED SACRAMENT ACADEMY

Payee address; City; State; Zip Code

1135 MISSION ROAD, SAN ANTONIO TX 78210

Amount  
(\$)

500.00

Purpose of expenditure (See instructions regarding type of information required.)

DONATION

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**
**SCHEDULE I**

05 JUL 15 PM 3:47

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2

2 FILER NAME

Howard W. Peek IV

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/21/05

5 Payee name

City of SAN ANTONIO

6 Payee address; City; State; Zip Code

SAN ANTONIO, Texas

7 Purpose of expenditure (See instructions regarding type of information required.)

Park Permits / Raay / Frenos of Creeks

8 Amount (\$)

50.00

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED